

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
DIVISION OF CHILD MENTAL HEALTH SERVICES
HUMAN RESOURCES DATA**

GENERAL DIRECTIONS

This form is to be submitted annually (at the beginning of the contract year) for every staff member who will be providing services to DCMHS clients. It must be printed legibly or typed.

This form is to be completed by agency staff assigned to gather the information or the therapist him/herself. All the information in all sections must be completed. It is unacceptable for "Not Applicable" to be inserted. Check the number of the item (01, 02, etc.). Unless otherwise indicated, only one number should be circled in each category.

SPECIFIC DATA ELEMENTS

Agency

Print the name of the agency or DCMHS contractor by whom the therapist is employed/subcontracted for providing services to DCMHS clients. *If more than one program is provided by the agency, also list the program in which the person will work.*

Program Level Write one of the following:

OP	Routine outpatient
CR	Crisis intervention
CB	Crisis bed
HO	Psychiatric hospital
IOP	Intensive outpatient
IRT	Individual residential treatment
DA	Day treatment/Day hospital
PD	Part-day treatment
RTC	Residential treatment
WR	Wrap-around aide
OTHER	Any other program level

County or State

This is the county of the agency office/satellite out of which the person is employed.
If this is a service being provided in another state, write the postal abbreviation for the state.

Date of Report

This is the date the report is completed and sent to DCMHS.

Staff Name

This is the full legal name of the employee.

List Previous Names Used (If applicable)

If your education degree was awarded under a different last name, (i.e. maiden name) this information is required in order to do primary verification.

Sex

Check "M" if the employee is male. Check "F" if the employee is female.

DOB

List the therapist Month/Date/Year (MM/DD/YY) of birth.

Social Security Number – Unaccredited Agencies Only

This number is required in order to do primary verification of education and licensure. It is also needed in order to use the National Practitioners Data Bank Access. This information is confidential and will not be used for any other purpose or released to any other source.

Years Experience in the Field

How many years of experience the employee has had at a professional level in the MH or SA field.

Years Working with Children/Adolescents

How many years of experience the employee has had at a professional level in the MH or SA field working with children (age 0 through 11) and/or adolescents (age 12 to 18).

Start Date

List the date on which the staff person began working for the agency.

Hours per Week

List the total number of hours the staff is expected to work.

Employment Affiliation

Check the condition under which the therapist/staff person is employed.

Race

In the event that a person is unwilling or unable to specify the race with which he/she identifies, the therapist should check the race that seems to be most apparent upon looking at the client.

00 American Indian - A person having origins in any of the original people of North America (excluding Alaska).

01 Alaskan Native - A person having origins in any of the original people of Alaska (Aleut, Eskimo, Indian).

02 Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

03 Black/African American - A person having origins in any of the original peoples in the black racial groups of Africa.

04 White - A Caucasian person having origins in any of the original peoples of Europe (including Portugal), North Africa or the Middle East.

05, 06, 07

Mixed Categories - In some instances a therapist is the product of a relationship between parents of different racial groups. In this case, where the therapist identifies him/herself as one of mixed origins, check one of the appropriate categories. If the presenting mix is not given as a choice, choose "Other" and note the explanation.

09 Other - This is a default category for use in instances in which the therapist is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories. If this category is used, the specific racial class must be specified on the form.

Ethnicity

The Division of Child Mental Health acknowledges that there are many ethnic categories. DCMHS collects data on certain ethnic backgrounds in order to study issues of service accessibility, appropriateness, equity and language. These data are used for program planning purposes.

For the purpose of this data form, clients will be first identified by their racial heritage, as specified in the previous section, and then be identified as Hispanic, Haitian or non-Hispanic using the choices given below.

01 Hispanic-Mexican A person of Mexican origins regardless of race.

02 Hispanic-Puerto Rican A person of Puerto Rican origins regardless of race.

03 Hispanic-Cuban A person of Cuban origins regardless of race.

04 Other Hispanic - A person from Central or South America and other Spanish cultures and origins (including Spain)

05 Haitian - A person of Haitian origins regardless of race.

06 Not of Hispanic or Haitian Origins - A person having his/her origins in other than Hispanic countries or in Haiti.

Primary Job Function

Check *only* one of the following:

- 01 Direct treatment - those activities performed by practitioners who:
- meet with the client and family to conduct clinical assessments
 - write treatment plans in collaboration with the client and family based on the information gathered in the clinical assessment
 - implement treatment plans by regularly meeting with the client and family on-site at the agency or off site in other locations like home or school
 - evaluate and document client progress, modifying the treatment plan accordingly
- 02 Supervision – on-going documented guidance and assistance to a subordinate therapist providing direct client treatment activities as described above. This is considered to be a direct line of accountability between the supervisor and the subordinate.
- 03 Non-direct service – all individuals who develop, review, or manage programs, receive complaints and incidents, provide trainings or otherwise support the services provided under the DCMHS contract.

The above function is:

Check *only* one of the choices provided.

Discipline/Training/Profession

In what capacity is the employee working in this agency or program? Check the first/highest item on the list for which the staff qualifies and is providing services. All licenses/certifications must be issued by Delaware and be current. If the staff has a license/certification from a state other than Delaware, he/she must check an unlicensed category.

- 01 Psychiatrist
- 02 Psych/MH nurse practitioner (APN or CNS) – This is a nurse practitioner or clinical nurse specialist who specializes in psychiatry/mental health. DCMHS also requires that the practitioner has a specialization in child/adolescent services
- 03 Licensed psychologist
- 04 LCSW, LPCMH, LMFT, LCDP - Licensed clinical social workers, licensed professional mental health counselor, licensed marriage and family therapist, licensed chemical dependency professional.
- 05 MH or SA counselor (Master's Degree) - Any unlicensed behavioral health practitioner who has a graduate degree in a behavioral health field. This includes national certifications.
- 07 Certified substance abuse counselor (CADC).
- 08 Other MH or SA professional (BS, BA) - Any unlicensed person who has less than a master's degree in a behavioral health field
- 09 MH or SA worker with less than BS/BA- Any mental health worker who has less than a college degree.
- 10 Registered nurse
- 13 School teacher
- 14 Activity therapist (e.g., art, music, dance, recreational, or occupational therapist)
- 16 Speech Therapist

Highest Degree Held

Check only one of the choices provided.

Degree(s) Held

Specify the particular degree held (i.e. Master's in Social Work).

Language (s) Other than English

List additional languages fluent enough to provide treatment.

All Professional Licensures

Specify licenses/certifications held, state(s) in which you are licensed and your license number (s). MD, APN, CNS, Ph.D., Psy.D., LCSW, LPCMH, LCDP, LMFT, If unlicensed.

All Professional Certifications

Specify national certifications held, state (s) and certification number (s). (e.g. ACSW, CADC)

Income from the Organization

This information is confidential and is used only in aggregate form to determine average salaries for specific professions in Delaware. This information will not be shared with any other source.

Fringe Benefits

This information used in aggregate form to monitor hiring practices of contracted agencies and programs.

Background Check Required

Check "Y" if the program in which the staff works is required by contract to have a background check documented. Delaware law requires that all individuals who work directly with children in human service programs have a criminal background check..

Date Fingerprinted

If "Y" was circled for the background check requirement, enter the date on which it has been documented that the staff has had the fingerprinting done.

DCMHS Therapist Code (Billing Code)

Note: For individuals completing an application in response to the DCMHS Outpatient Panel Opening, do not complete the following section re: DCMHS Therapist Code

This code is the same as the code listed on the Admission Form and Billing/Activity Forms and is used to track the staff providing services to DCMHS clients. To formulate a five/six-digit therapist code for each staff member to be used in outpatient billing and all intake forms, follow this procedure:

1. The first digit/s represents the agency or provider.

ABR Counseling - Z
Aquila of Delaware - A
Ballas-Rowe, Toni, LCSW - 06
Catholic Charities - K
Child Guidance Resource Centers - P
Children and Families First - M
Christiana Counseling - W
Crossroads - U
Delaware Guidance Services - B
Division of Child Mental Health Services (Central Office) - Y
Freed Family Services - V
Jewish Family Services - N
Kent-Sussex Counseling Services – 04
Open Door - L
Psychotherapeutic Services, Inc. - 05
Mid-Atlantic Behavioral Health - 03
Middletown Counseling - X
New Behavioral Network - G
Northeast Treatment Centers - D
Peoples Place Counseling Center - E
Phoenix Behavioral Health – S
Pressley Ridge - R
Progressive Life - P
Providence – Q
Psychological and Divorce Mediation, Inc. - 02
Rockford Center - F
Rosenblum Adolescent Center - J
Silverlake - T
SODAT - C
Step-by-Step Pathways to Success - I
Terry Children's Psychiatric Center - O
Tranquility Counseling - 01

Tressler Center/Diakon - H

Other In-State Private Practitioners - Enter first five letters of last name.

Out-of-State Practitioners – Include as the first two digits, the postal abbreviation for the state, e.g Delaware = DE; Pennsylvania = PA

2. The second two digits represent the professional level and discipline of staff member for whom services are being billed or in the case of intake forms, the clinician who is the client's therapist at the agency.
 - 01 - Psychiatrist
 - 02 – Nurse practitioner
 - 03 - Licensed psychologist (Ph.D., Psy.D)
 - 04 - Licensed behavioral health professional (LCSW, LPCMH, LMFT, LCDP)
 - 05 - Registered nurse (RN)
 - 06 - Certified teacher
 - 07 - Certified school psychologist
 - 08 - Other unlicensed master's level behavioral health worker (MA, MSW, Ph.D.)
 - 09 - Other behavioral health worker (BS, BA)
 - 10 - Other MH or AOD worker with less than a BS/BA
3. The last two digits are assigned at the agency for individual staff members, beginning with 00.
EXAMPLE: John Jones is an LCSW at Tressler Center Crisis Services. He is the third person to be assigned a number by the agency.

His code number is H0403

For out of State Practitioners the last digit should be a single letter, the first letter of the therapist's last name (surname).